

PLEASE TYPE OR PRINT

☒ Ms.

☐ Mr. Artist Gail S. Vandy Bogurt
(Last Name Last)

Permanent

Address 3471 Avalon Shaker Hts.
Street City

54120 Tel. (216) 751-8027
Zip Area Code

Temporary

Address _____
Street City

_____ Tel. () _____
Zip Area Code

Permanent address is in what county? Cuyahoga

Born in Cuyahoga County ☐ Yes ☒ No

Collaborator _____
(If Any)

If entries are not accepted or not sold:

☒ Artist will pick up entries at Museum.

☐ Museum should dispose of entries.

☐ Museum should ship entries to artist C.O.D. at this address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Gail S. Vandy Bogurt

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
ENTRY ONE ☐ 4. Sculpture ☐ 5. Electric ☒ 6. Crafts

Medium or Materials

ceramic; saltglazed

Title

marble box

Price or NFS

\$15.00

Insurance Value
If NFS Only

Size

4" x 3 1/2" x 5 1/2"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional
No. For Sale

Total No.
in Edition

Price
Unframed

Price
of Frames

Additional
No. of Frames
For Sale

DO NOT WRITE IN THIS SECTION

79 (P)

ACCEPTED

REJECTED

FEE PAID

BY

3/23/73

MAA

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
ENTRY TWO ☐ 4. Sculpture ☐ 5. Electric ☒ 6. Crafts

Medium or Materials

ceramic; saltglazed

Title

mouse crypt

Price or NFS

\$15.00

Insurance Value
If NFS Only

Size

4 x 4 3/4 x 6"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional
No. For Sale

Total No.
in Edition

Price
Unframed

Price
of Frames

Additional
No. of Frames
For Sale

DO NOT WRITE IN THIS SECTION

80 (P)

ACCEPTED

REJECTED

~~RECEIVED~~

BY

DO NOT DETACH

1973 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	Gail S. Vandy Bogurt		
Address	3471 Avalon		
City & State	Shaker Hts., Ohio	Zip	44120

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

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1973 MAY SHOW

Notification of Acceptance or Rejection

Gail S. Vandy Bogurt

Type or print name of artist

This is your only receipt to claim your object(s).

This notification will be mailed to you following judging.

Gail S Vandy Bogurt.

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